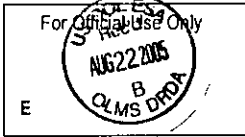


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12678</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Mano</u> <u>W</u> <u>Frey</u> P.O. Box, Bldg., Room No., if any <u>Suite 140</u> Street <u>12201 Tukwila International Bouleva</u> City <u>Tukwila</u> State <u>Washington</u> ZIP Code + 4 <u>98168-5121</u>	4. Name, file number, and address of labor organization. Name <u>Laborers' International Union of North America</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u>
5. Position in labor organization. <u>VP & Northwest Regional Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

B-15-05
Date

206-441-6507
Telephone Number

Name of Person Filing Mano Frey	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Mitchell Gravo, P.C.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1607 West 14th Avenue</u></p> <p>City <u>Anchorage</u></p> <p>State <u>Alaska</u> ZIP Code + 4 <u>99501-4931</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>[Please see Attachment #1]</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Mitchell Gravo, P.C. provides legal services to the Alaska Laborers Pension Fund and the Washington & Northern Idaho Pension Fund.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>March 2004: NCAA Basketball Tournament, 1 ticket.</u></p>
	<p>12.b. Amount. <u>\$650</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers-Employers Coop & Education Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>1/17/04: National Tri-Fund Conference, Breakfast.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$33</u></p>

Attachment 1 to Form LM-30: Labor Organization Officer and Employee Report

MANO W. FREY

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 2, Part B

10.

It is my understanding that Mitchell Gravo, P.C. provides legal services to the Alaska Laborers' Pension Fund and the Washington and Northern Idaho Pension Fund.

Alaska Laborers' Pension Fund
P. O. Box 93870
Anchorage, AK 99509 -3870

Washington and Northern Idaho Pension Fund
104 S. Freya
Suite 220, White Flag Bldg.
Spokane, WA 99202-4867

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04 to 1/22/04: National Tri-Fund Conference, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$1,422

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$59.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Reception.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$104.

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/19/04: National Tri-Fund Conference, Trustees Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$128.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

2/16/04 to 2/19/04: Pipeline Conference, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$371.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

2/17/04: Pipeline Conference, Lunch.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$34.

Name of Person Filing Mano Frey	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers-Employers Coop & Education Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>2/18/04: Pipeline Conference, Breakfast.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$27</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers-Employers Coop & Education Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>2/18/04: Pipeline Conference, Reception.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$77</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers' Health & Safety Fund of N. America</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>4/26/04 to 4/28/04: National Tri-Fund Board of Trustees Meetings, Lodging.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$816</p>

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4

14.a. Nature of payment.

4/27/04: National Tri-Fund Board of Trustees Meetings, Reception.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/27/04: National Tri-Fund Board of Trustees Meetings, Dinner.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$112

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/28/04: National Tri-Fund Board of Trustees Meetings, Breakfast.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$30

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/28/04: National Tri-Fund Board of Trustees Meetings, Golf outing.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

6/23/04: Canadian Conference, Dinner for self and spouse.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$141

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/22/04 to 8/25/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$895

Name of Person Filing Mano Frey	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers' Health & Safety Fund of N. America</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIF Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>8/22/04: National Tri-Fund Board of Trustees Meetings, Meal.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$32</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers' Health & Safety Fund of N. America</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIF Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>8/25/04: National Tri-Fund Board of Trustees Meetings, Breakfast.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$62</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Laborers-Employers Coop & Education Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>905 16th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIF Code + 4 <u>20006-1703</u></p>	<p>14.a. Nature of payment.</p> <p><u>11/4/04: Dinner Meeting.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$64</u></p>

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/15/04 to 11/17/04: National Tri-Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$660

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/15/04: National Tri-Fund Board of Trustees Meetings, Breakfast.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$37

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/15/04: National Tri-Fund Board of Trustees Meetings, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$37

Name of Person Filing Mano Frey

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/18/04: National Tri-Fund Board of Trustees Meetings, Golf outing.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$181

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Local Union & District Council Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

2004: Wages.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$67,399

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Alaska Laborers-Employers Retirement Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 93870

Street

City Anchorage

State Alaska ZIP Code + 4 99509-3870

14.a. Nature of payment.

2004: Income from retirement plan.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$75,669

Addenda to Form LM-30: Labor Organization Officer and Employee Report

MANO W. FREY

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

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ADDENDUM A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

ADDENDUM B

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." 5 C.F.R. 2635.205.

ADDENDUM C

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

ADDENDUM D

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

Addenda to Form LM-30: Labor Organization Officer and Employee Report

MANO W. FREY

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

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ADDENDUM E

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

ADDENDUM F

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM G

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM H

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

Mano W. Frey
Vice President and Regional Manager
Laborers' International Union of North America
Northwest Regional Office
12201 Tukwila International Boulevard
Suite 140
Tukwila, WA 98168



August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Mano W. Frey, U-
Labor Organization File No. 000 - 131

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

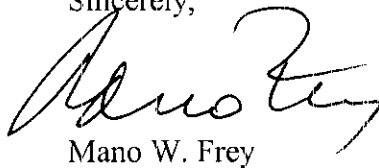
It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

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lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

A handwritten signature in black ink, appearing to read "Mano W. Frey", written in a cursive style.

Mano W. Frey

Enclosure